

DISABILITY CERTIFICATE OF ELIGIBILITY

To apply for a reduced disability fare ReValue card, you must print and fill out this form and mail, fax or e-mail a legible copy of this form and proof of disability signed by medical personnel, to:

Disability ReValue Eligibility
Washington State Ferries
2901 3rd Avenue, Suite 500
Seattle, WA 98121-3014
Fax: 206-515-3773
E-mail: wsfinfo@wsdot.wa.gov

Please Print

Name _____
First Middle Last

Address _____
Street

City State Zip

Phone No. _____

Currently have WSF Disability Permit # _____

I understand that this information is confidential and shall not be released by Washington State Ferries without my approval or a court order. I understand the Washington State Ferries shall have the right and opportunity to verify my information. I understand that if any of the statements made on this application form are false or inaccurate, I will lose the privileges granted for the reduced Disability Fares on Washington State Ferries.

Signature _____



**Washington State
Department of Transportation**

